

TOWN OF SOUTHAMPTON

Department of Land Management
Building and Zoning Division
116 HAMPTON ROAD
SOUTHAMPTON, NY 11968

Phone: (631) 287-5700

Fax: (631) 287-5754



ANNA THRONE-HOLST
TOWN SUPERVISOR

KYLE P. COLLINS, AICP
TOWN PLANNING AND
DEVELOPMENT ADMINISTRATOR

MICHAEL BENINCASA
CHIEF BUILDING INSPECTOR

RENTAL PERMIT APPLICATION INSTRUCTIONS

Rental Permits are renewable every two years.

The items listed below are required to be submitted with the completed application.

1. **Floor Plans**
Floor plans drawn to 1/4" = 1' scale of the **ENTIRE** subject structure or building, including basement or cellar; if crawl space indicate on basement plans. Indicate the location of smoke and carbon alarms on all levels.
2. **Survey**
If not on file, a copy of the property survey and/or site plan of the premises drawn to scale not greater than forty (40) feet to one inch, showing all buildings, structures, walks, driveways and other physical features of the premises and the number, location and access of existing and proposed on-site vehicle parking facilities.
3. **Certificates of Occupancy and Compliance**
If not on file, certificates of occupancy and compliance for all structures on the property. Building Permit Application is needed if any structures on the subject property do not hold a certificate of occupancy or compliance.
4. **Residential Smoke and Carbon Monoxide Detector Affidavit (form enclosed)**
Included in application package. Must be signed and notarized.
5. **Engineer or Architect Certification of Code Compliance (form enclosed)**
Must be submitted by a licensed architect or engineer if an inspection by Town of Southampton Inspector is decline; floor plans for a Certified Rental Application submitted by owner **MUST** be stamped by said Architect or Engineer and Dated.
6. **Designation of Agent for Service (form enclosed)**
Must be completed by property owner, as per 270-5(3).
7. **Fees:** Standard fee \$200.00; Income Qualified Tenant fee waived (**must supply supporting documentation**); Enhanced Star, Veterans exemption or Senior Citizen's exemption fee \$100.00; Volunteer Fire Dept. or Ambulance Workers Real Property Exemption fee \$100.00; Inspection/Certification by Licensed Architect or Licensed Engineer fee \$150.00; Sr. Citizen (as per §330-5) or Qualified Disabled Person (as per §216-2) fee \$100.00; Property in Violation of Chapter 270 (Rental Properties) fee \$500.00
Fee Explanation Attached to the Rental Permit Application.
8. **Refuse Removal Affidavit (form enclosed)**
Provide either prepaid contact for term of the lease or fill out form which becomes an Affidavit upon Notarization.
9. **All Forms Must Be Original** (faxed or photocopies will NOT BE ACCEPTED)

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RENTAL PERMIT APPLICATION

Fees: ☐ Standard fee \$200.00

- ☐ Income Qualified Tenant fee waived (**must supply documentation**)
- ☐ Enhanced Star, Veterans exemption or Senior Citizen's Southampton Town Property exemption fee \$100.00
- ☐ Volunteer Fire Dept. or Volunteer Ambulance Workers Real Property Exemption fee \$100.00
- ☐ Inspection/Certification by Licensed Architect or Licensed Engineer fee \$150.00
- ☐ Tenant is: Senior Citizen (as per §330-5) or Qualified Disabled Person (as per §216-2) fee \$100.00
- ☐ Property in Violation of Chapter 270 (Rental Properties) fee \$500.00

Fee Explanation Included in the Rental Permit Application.

Date: _____ office use only

1. Property Information:

Rental Property Address: _____

Tax Map Number: 0900 – SECTION _____ - BLOCK _____ - LOT _____.

Owner Information: **(Set forth the name, address and telephone number of all owners of the rental property)*

Property Owner Name: _____ Date of Birth: _____

Property Owner Legal Address (no P.O. Boxes): _____

Property Owner Mailing Address: _____

Contact Number : _____ Email Address: _____

2. If the rental dwelling unit intended for rental occupancy is owned by a corporation, partnership, limited liability company, trust or other business entity, the name, address, and telephone number of each owner, officer, principal, shareholder, partner, and/or member of such business entity MUST be set forth below:

Name(s): _____

Legal Address (**No P.O. Boxes**): _____

Mailing Address: _____

Title or position held with said corporation, partnership, limited liability company or business entity of all Members:

Contact Number: _____ Email Address (**if different from above**): _____

If necessary attach additional pages to supply above information.

MUST BE FILLED OUT BY OWNER.

3. Authorized Agent Information:

Name of Authorized Agent of dwelling unit, if any: _____

Address of Managing Agent (no P.O. Boxes): _____

Mailing Address of Managing Agent: _____

Telephone Number – Daytime: _____ Evening: _____ Emergency: _____

4. Managing Agent Information:

Name of Authorized Agent of dwelling unit, if any: _____

Address of Managing Agent (no P.O. Boxes): _____

Mailing Address of Managing Agent: _____

Telephone Number – Daytime: _____ Evening: _____ Emergency: _____

5. Tenant Information:

Term of Lease – Beginning Date: _____ Ending Date: _____

One Family _____ Two Family _____ Townhouse _____

For Office Use Only:

Number of persons permitted to reside in Dwelling Unit (based on square footage of sleeping rooms): _____

LIST THE NUMBER OF TENANTS INCLUDING ALL CHILDREN AND ADULTS OCCUPYING THE DWELLING NOT LISTED ON THE LEASE:

() Number of Adults

() Number of Children

**If necessary, attach additional pages to supply above information.
MUST BE FILLED OUT BY OWNER.**

If NO Tenants at time of Rental Permit Application, Property Owner Must Provide the number of Tenants Including ALL Adults and All Children occupying the Rental Property Not Listed on the Lease PRIOR to Tenants Occupying the Rental Property. **Not Providing the Number of All Tenants That Occupy the Rental Property is a Violation of Chapter 270-4(A)(5).**

Sworn to before me this _____ day of _____, 20____

Original Property Owner's Signature

Original Notary Signature and Original Notary Seal

Pursuant to the Town Code of the Town of Southampton, Chapter 270 (Rental Properties), a safety inspection by the Chief Building Inspector, his designee, or a Code Enforcement Officer is required. If the owner chooses not to have said inspection performed by one of the aforementioned officials, a certification from a licensed architect or a licensed professional engineer is required stating that the property which is the subject of the rental permit application is in compliance with all of the provisions of the Code of the Town of Southampton, the laws and sanitary and housing regulations of the County of Suffolk and by the laws adopted by the New York State Fire Prevention and Building Code Council.

☐ I am requesting a fire safety inspection to be performed by a Code Enforcement Official from the Town of Southampton.

☐ I am submitting a completed Town of Southampton certification form from a licensed architect or a licensed professional engineer.

DECLARATION: *Signature must be notarized and MUST be by the owner of the dwelling unit.*

STATE OF NEW YORK }
 }
COUNTY OF SUFFOLK }

I _____ certify, under penalty of perjury, that the statements made in this application (including statements made in any accompanying papers) have been examined by me and the same are true and accurate. I have read copies of Chapter 270 (Rental Properties) of the Code of the Town of Southampton and the New York State Property Maintenance Code and agree to abide by the same. To the best of my knowledge there are no existing safety or health code violations of the Code of the Town of Southampton or the New York State Uniform Fire Prevention and Building Code at the property which is the subject of this rental permit application. I do not have any knowledge of complaints from tenants or others regarding any existing code, safety or health violations at the property which is the subject of this rental permit application.

Property Owner's Name: _____

Owner's Original Signature: _____

Sworn to before me this _____ day of _____ 20____

Original Notary Public Signature and Original Notary Stamp

MUST BE FILLED OUT BY OWNER.

TOWN OF SOUTHAMPTON

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TOWN SUPERVISOR

Rental Property Certification by Licensed Architect or Licensed Engineer

Form is to be completed by a licensed architect or engineer ONLY.

Professional seal required.

Rental Property SCTM Number: _____

Rental Property Address: _____

Owner/Name: _____

Number & square footage of each bedroom as depicted in the attached floor plan and indicate finished or unfinished basement if applicable:

(i.e. Bedroom #1-100 sq. ft., Bedroom #2-90 sq. ft., etc.)

Property Description (include all improvements, as per All Certificates on the property and indicated on survey; **if** pool or spa/hot tub improvement, **must** indicate pool barrier and pool alarms on door(s), indicate on floor plans and survey):

I certify that I have done a physical inspection of the subject rental property and find that this property fully complies with all of the provisions of the Code of the Town of Southampton and the New York State Uniform Fire Prevention and Building Code.

Name, Title and License No.

Original Signature

Date

Address and Contact No. of Architect or Engineer

Please place Original, Legible professional seal below:

MUST BE COMPLETED BY LICENSED ARCHITECT OR LICENSED PROFESSIONAL ENGINEER

SMOKE AND CARBON MONOXIDE ALARM AFFIDAVIT

STATE OF NEW YORK)

)SS:

COUNTY OF SUFFOLK)

I, _____, being duly sworn, dispose and say:

- 1) I am the owner of the premises located at _____
Suffolk County Tax Map Number 473689 - _____._____-_____._____, a structure for which
I am applying for a two-year rental permit.
- 2) That smoke detection alarm devices are installed as per Section 164-9 of the Southampton Town Code
requiring multiple smoke detectors in one- or two-family residences which are located in each room
used for sleeping purposes, on the ceiling or wall outside of each separate sleeping area in the
immediate vicinity of bedrooms and in each story within a dwelling including basements and cellars.
- 3) That carbon monoxide alarm devices are installed as per **610.3.1.1.1** of the NYS Fire Code: A carbon
monoxide alarm shall be provided on each story containing a sleeping area, within 15 feet of the
sleeping area. More than one carbon monoxide alarm shall be provided where necessary to assure that
no sleeping area on such story is more than 15 feet away from a carbon monoxide alarm.
- 4) That I make this affidavit pursuant to Section 1193.2 of the New York State Fire Prevention,
Building and Property Maintenance Code.

Owner's Original Signature

Sworn to before me this _____

Day of _____, 20 _____.

Original Notary Public Signature and Original Notary Stamp

MUST BE FILLED OUT BY OWNER

DESIGNATION OF AGENT FOR SERVICE

_____, residing at No. _____ Street, City of _____, State of _____,
[or _____, a partnership, with its principal office located at _____,] [or _____, a corporation duly organized pursuant to the laws of the State of _____, with a business office located at _____,] does hereby designate the Town Clerk of the Town of Southampton with an office at No. 116 Hampton Road, Town of Southampton, County of Suffolk, State of New York, as his [or her or its] agent for service pursuant to CPLR 318.

Dated: _____, 20____.

Property Owner Original Signature

ACKNOWLEDGMENT

STATE OF NEW YORK):
COUNTY OF SUFFOLK): ss.:

On the _____ day of _____, in the year 200__, before me, the undersigned personally appeared _____, personally known to be or proved to me on the basis of satisfactory evidence to be the individuals whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their capacities, and that by their signatures on the instrument, the individuals or the person upon behalf of which the individuals acted, executed the instrument.

ORIGINAL NOTARY SIGNATURE AND
ORIGINAL NOTARY STAMP

MUST BE FILLED OUT BY OWNER AS PER 270-5(B)(3)



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REFUSE REMOVAL AFFIDAVIT

1. A copy of a contract with a carter providing for weekly pickup, at a minimum of refuse and proof by letter from the carter indicating that full payment for the **ENTIRE** term of the rental has been made

OR

2. An affidavit from the owner acknowledging for refuse removal in a timely efficient manner (by signing this form before a notary this becomes an Affidavit)

I, _____, being duly sworn, dispose and say:

I am the owner of the premises at _____.

SCTM# 473689 ____ . ____ - ____ - ____ . ____

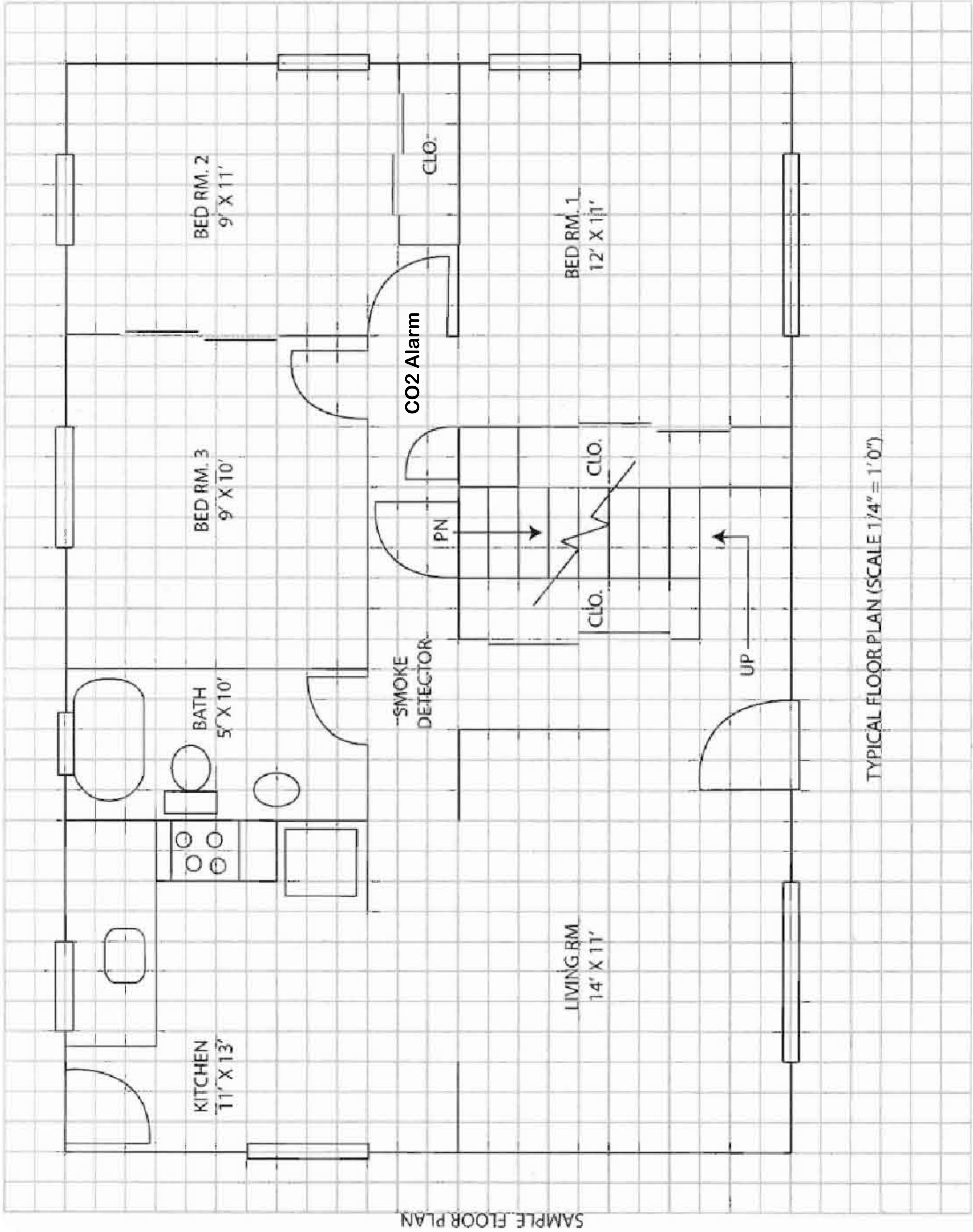
I make this affidavit pursuant to: Chapter 261-1 (B)(4) Property Maintenance

Owner's Original Signature _____

Sworn to before me this _____ Day of _____, 20____

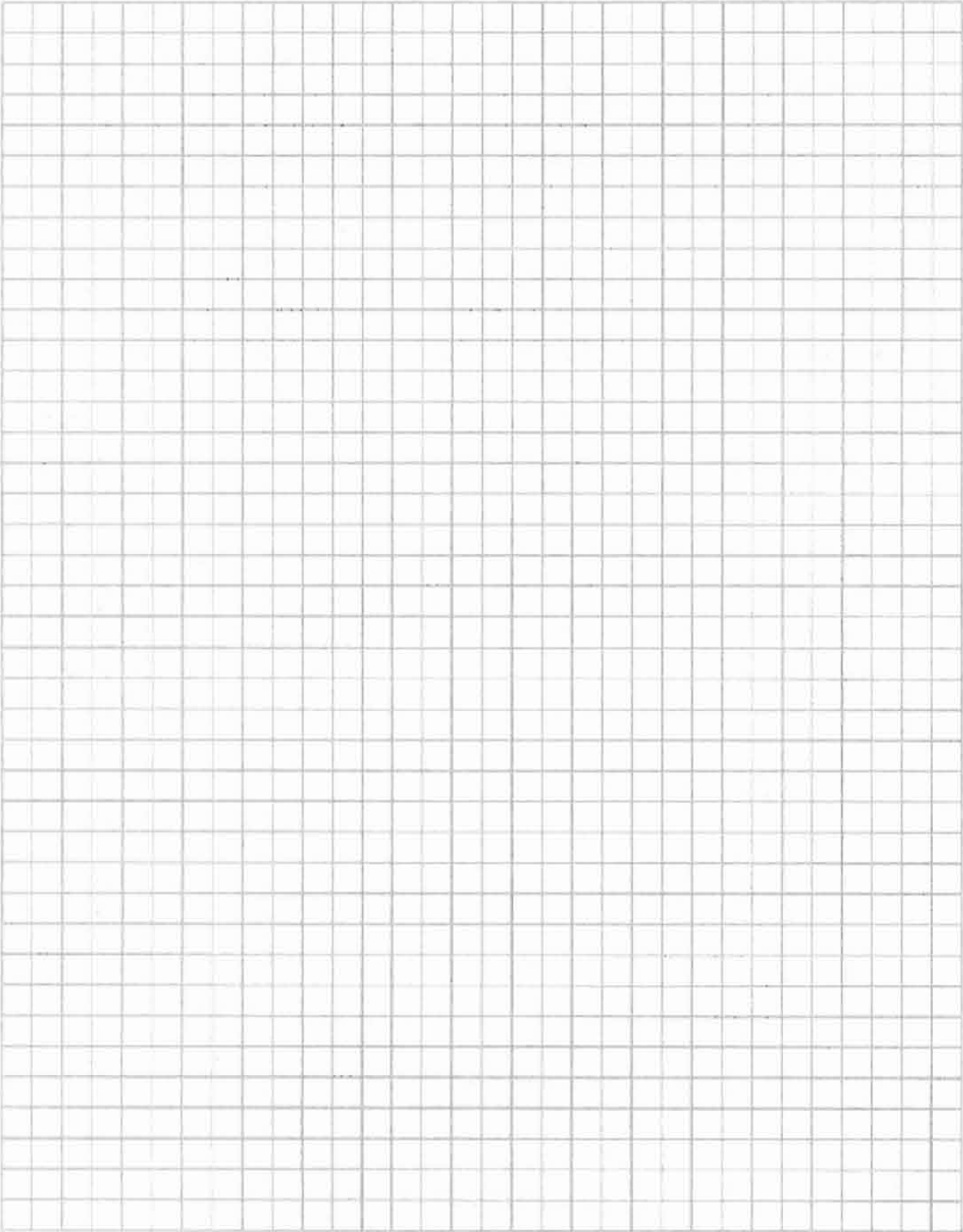
Notary Public Original Signature and Notary Public Original Stamp

If necessary attach additional pages to supply above information.



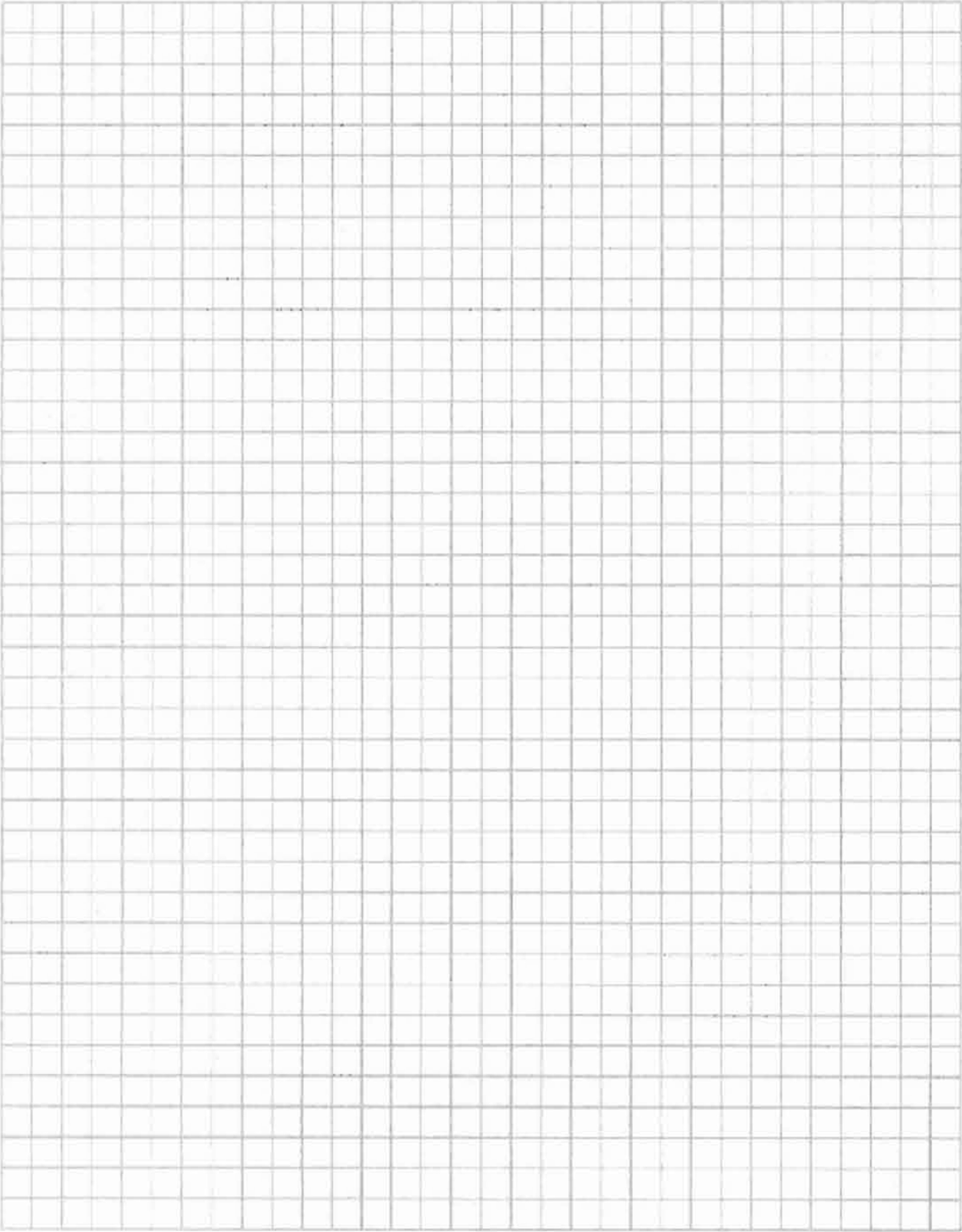
SAMPLE FLOOR PLAN

TYPICAL FLOOR PLAN (SCALE 1/4" = 1'0")



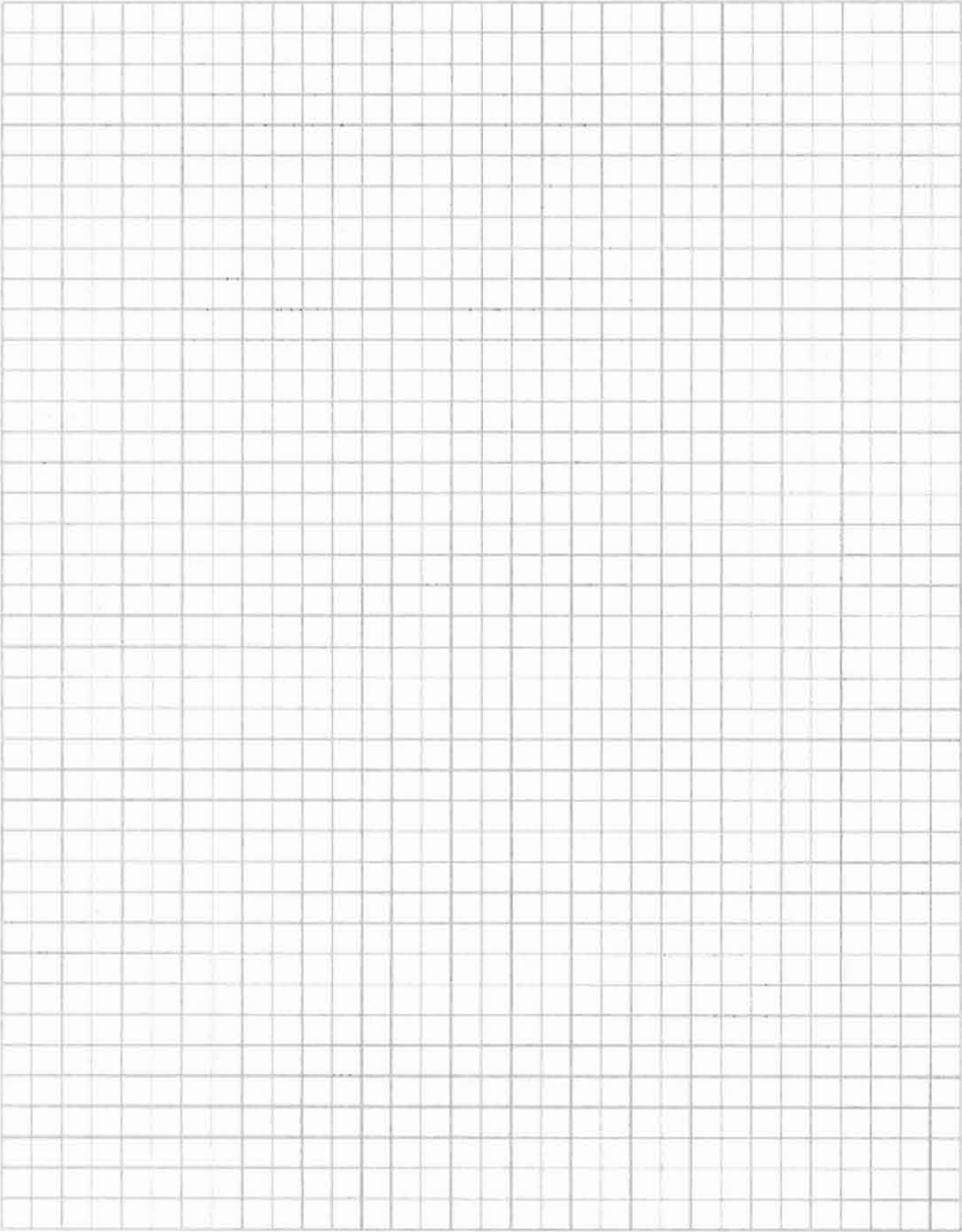
Indicate Location Of Pool Door Alarms, If Applicable

1st Floor Plan, Must Be 1/4" Scale . Indicate Location Of Smoke And Carbon Alarms.
Indicate All Bedroom Sizes, Without Closets. Indicate All Room Sizes.



Indicate Location Of Pool Door Alarms, If Applicable

2nd Floor Plan, Must Be 1/4" Scale . Indicate Location Of Smoke And Carbon Alarms.
Indicate All Bedroom Sizes, Without Closets. Indicate All Room Sizes. If applicable, indicate pool door alarms.



Indicate Location Of Pool Door Alarms, If Applicable

Basement or Cellar Plan, Must Be 1/4" Scale . Indicate where mechanicals and electrial panel are located.
If crawl space, indicate above and if appicable where any mechanicals are located.

§ 270-8. Fees.

- A. A nonrefundable biennial permit application fee, in the amount of \$200, shall be paid upon the filing of an application for a rental permit or a renewal rental permit.
- B. The nonrefundable biennial permit application fee shall be waived if the owner of a rental property leases for the entire rental term to low-, moderate-, or middle-income households, and in such rental amounts as adopted by the Town Board through the annual resolution which updates the rental formula multipliers for units reserved for income-eligible households pursuant to Chapter **216** of the Code of the Town of Southampton.
- C. The nonrefundable biennial rental permit application fee shall be \$100 if the owner of a rental property qualifies for any of the following real property tax exemptions at his or her primary residence located in the Town of Southampton:
 - (1) Enhanced STAR;
 - (2) Veterans exemption; or
 - (3) Senior citizens exemption.
- D. The nonrefundable biennial rental permit application fee shall be \$100 if the owner of a rental property submits a sworn affidavit affirming that the rental property will be leased to any active member of a volunteer fire department or ambulance corps and/or is qualified for a volunteer firefighters and ambulance workers real property tax exemption.
- E. The nonrefundable biennial rental permit application fee shall be \$150 if the owner of a rental property elects to provide a written certification from a licensed architect or licensed engineer that states that the rental property fully complies with all of the provisions of the Code of the Town of Southampton pursuant to § 270-5B(11).
- F. The nonrefundable biennial rental permit application fee shall be \$100 if the owner of a rental property submits a sworn affidavit affirming that the rental property will be leased to a senior citizen, as defined in § **330-5** of the Town Code, or a qualified disabled person, as defined in § **216-2** of the Town Code.
- G. If an owner of a rental property is found by any court of competent jurisdiction to have violated this chapter, the nonrefundable biennial rental permit application fee will be \$500.